



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 88787		2. Exact name of the limited liability company ARCHIE'S AUTO BODY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island AUTO BODY REPAIR SHOP.	
5. Principal office address 24 Armento Street		City Johnston	State R.I.
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Emilio Accetturo		Contact Title	
Street Address 10 Betsy Williams Circle		City Johnston	State R.I.
		Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Emilio Accetturo		Manager Name Roberta Accetturo	
Street Address 10 Betsy Williams Circle		Street Address 10 Betsy Williams Circle	
City Johnston	State R.I.	City Johnston	State R.I.
Zip 02919		Zip 02919	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name EMILIO ACCETTURO		Address	
Address 10 BETSY WILLIAMS CIRCLE		City JOHNSTON	Zip 02919-01003

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	10/14/05	*88787*
Check No.	10102	
By:	Ch	
FOR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Emilio J Accetturo **10/13/05**
Signature of Authorized Person Date
Emilio J Accetturo
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401-222-3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 88787		2. Exact name of the limited liability company ARCHIE'S AUTO BODY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island AUTO BODY REPAIR SHOP.	
5. Principal office address 24 ARMENTO STREET		City JOHNSTON	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name EMILIO ACCETTURO		Contact Title	
Street Address 24 ARMENTO ST		City JOHNSTON	State RI
		Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name EMILIO ACCETTURO		Manager Name ROBERTA ACCETTURO	
Street Address 10 BETSY WILLIAMS CIRCLE		Street Address 10 BETSY WILLIAMS CIRCLE	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name EMILIO ACCETTURO		Address	
Address 10 BETSY WILLIAMS CIRCLE		City JOHNSTON	Zip 02919-01003

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 8 8 7 8 7 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

EMILIO ACCETTURO
Print or Type Name of Authorized Person

File Date 10/14/04
Check No 09761
By W.

FOR SECRETARY OF STATE USE ONLY



Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401-222-3940

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 88787		2. Exact name of the limited liability company ARCHIE'S AUTO BODY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island AUTO BODY REPAIR SHOP.	
5. Principal office address 24 Armento Street		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Emilio Accetturo Contact Title _____ Street Address 24 Armento Street City Johnston State RI Zip 02919			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Emilio Accetturo Street Address 10 Betsy Williams Circle City Johnston State RI Zip 02919		Manager Name Roberta Accetturo Street Address 10 Betsy Williams Circle City Johnston State RI Zip 02919	
Street Address _____ City _____ State _____ Zip _____		Street Address _____ City _____ State _____ Zip _____	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name EMILIO ACCELTURO Address 10 BETSY WILLIAMS CIRCLE City JOHNSTON Zip 02919-01003			

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 8 8 7 8 7 *

File Date	10/30/03
Check No	9243
By:	[Signature]
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] **10-28-03**
Signature of Authorized Person Date
Emilio Accetturo
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 88787		2. Exact name of the limited liability company ARCHIE'S AUTO BODY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island AUTO BODY REPAIR SHOP	
5. Principal office address 24 Armento Street		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Emilio Accetturo		Contact Title	
Street Address 24 Armento St		City Johnston	State RI
		Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Emilio Accetturo		Manager Name Robertas Accetturo	
Street Address 10 Betsy Williams Circle		Street Address 10 Betsy Williams Circle	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name EMILIO ACCETTURO		Address	
Address 10 BETSY WILLIAMS CIRCLE		City JOHNSTON	Zip 02919-01003

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 8 8 7 8 7 *

File Date	9.24.02
Check No.	8854
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person Date 9/23/02
Emilio Accetturo
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLIC 88787

Annual Report for the year 2001

1. The name of the limited liability company is:

ARCHIE'S AUTO BODY, LLC

2. The address of the principal office of the limited liability company is:

24 Armento Street Johnston, RI 02919

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: EMILIO ACCETTURO

10 BETSY WILLIAMS CIRCLE JOHNSTON RI 02919-01003

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Emilio Accetturo

24 Armento St. Johnston, RI 02919

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: autobody repair shop

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Emilio Accetturo
Roberta Accetturo

10 Betsy Williams Circle Johnston, RI
" " " " 02919

Dated _____



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Archie's Auto Body, LLC
Exact Name of Limited Liability Company

By Emilio Accetturo
Title _____

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-29-01</u>
Check No.:	<u>8488</u>
By:	<u>[Signature]</u>

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 88787

Annual Report for the year 2000

1. The name of the limited liability company is:

ARCHIE'S AUTO BODY, LLC

2. The address of the principal office of the limited liability company is:

24 Armento Street Johnston, RI 02919

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: EMILIO ACCELTURO

10 BETSY WILLIAMS CIRCLE JOHNSTON RI 02919-01003

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Emilio Accetturo, President

24 Armento Street Johnston, RI 02919

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: auto body repair shop

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Emilio J. Accetturo

10 Betsy Williams Circle Johnston, RI 02919

Roberta A. Accetturo

10 Betsy Williams Circle Johnston, RI 02919

Dated 10-16-00



8 8 7 8 7

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Archie's Auto Body, LLC
Exact Name of Limited Liability Company

By [Signature]

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-20-00

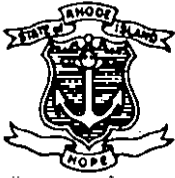
Check No.: 8084

By: AMF

Form No. 632
Revised 01/99

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 88787

Annual Report for the year 1999

1. The name of the limited liability company is:
ARCHIE'S AUTO BODY, LLC
2. The address of the principal office of the limited liability company is:
24 ARMENTO ST JOHNSTON RI 02919
3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
4. The name and address of its resident agent is: EMILIO ACCETTURO
10 BETSY WILLIAMS CIRCLE JOHNSTON, RI 02919
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Emilio Accetturo
24 ARMENTO Street Johnston RI 02919
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Auto Body repair shop.
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Emilio Accetturo</u>	<u>10 Betsy Williams Circle Johnston RI</u>
<u>Roberta Accetturo</u>	<u>02919</u>

Dated OCT 22 - 1999.



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

ARCHIE'S Auto Body, LLC
Exact Name of Limited Liability Company

By [Signature]
Title

FOR SECRETARY OF STATE USE ONLY
File Date: **PAID** 107679
Check No.: **OCT 26 1999**
By: **SECY OF STATE**

**To be filed annually between
September 1 and November 1**

**LIMITED LIABILITY COMPANY**

Annual Report for the year 1998

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Form No. LLC-19
Revised 8/97

FOR SECRETARY OF STATE USE ONLY

File Date: 10-6-98

Check No.: 7300

By: UP

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island, 02903-1335

LIMITED LIABILITY COMPANY

ID Number 0088787

Annual Report for the year 1997

1. The name of the limited liability company is:

ARCHIE'S AUTO BODY, LLC

2. The address of the principal office of the limited liability company is:

24 Armento Street Johnston, RI 02919

3. The state or other jurisdiction under the laws of which it is formed is:

Rhode Island

4. The name and address of its resident agent is:

Emilio J. Accettura

10 Betsy Williams Circle Johnston, RI 02919

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Emilio Accettura

24 Armento Street Johnston, RI 02919

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state:

auto body repair shop

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Emilio Accettura

10 Betsy Williams Circle Johnston, RI 02919

Roberta Accettura

" " " " " "

Dated December 11, 19 97

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

PAID

DEC 23 1997

SECRETARY OF STATE

Archie's Auto Body, LLC
Exact Name of Limited Liability Company

By Emilio Accettura

Title